

From: SRHS-FINANCIAL SERVICES

228 769 9903

08/16/2016 13:58

#443 P.010/015

08/16/2016 TUE 13:37 FAX

001/007

STATE OF MISSISSIPPI UNIFORM CRASH REPORT		Agency Number 9030	Agency Case Number 080424180001	Page 01 of 07					
Agency Name MISSISSIPPI HIGHWAY PATROL - TROOP K		G1. County 30	G2. Status Code C P U						
G3. Reported Date (MM/DD/YYYY) 04 / 24 / 2016	G4. Reported Time (2400) 0427	G5. Arrival Time (2400) 0443	G6. Vehicle 02	G7. Killed 00					
G8. Injured 04		G9. Address Number							
G10. Street Name		G11. Hwy/County Road # 10							
G12. Int. Y N	G14. Distance 001.00	G15. Direction N E S W	G16. Intersecting Street Name 67 MILE MARKER						
G17. Int. Hwy/County Road # 10		G18. City Name							
G19. Latitude N 30 26.016		G20. Longitude W 088 34.015							
<table border="0"> <tr> <td> Crash with DMV in Road <input checked="" type="radio"/> Rear end slow or stop <input type="radio"/> Rear end turn <input type="radio"/> Left turn same roadway <input type="radio"/> Left turn cross traffic <input type="radio"/> Right turn cross traffic <input type="radio"/> Head on <input type="radio"/> Sideswipe <input type="radio"/> Angle <input type="radio"/> Hit and run </td> <td> Non-Crash in Road <input type="radio"/> Overrun <input type="radio"/> Jackknife <input type="radio"/> Fell from vehicle <input type="radio"/> Other Crash of MV in Road with <input type="radio"/> Pedestrian <input type="radio"/> Parked Vehicle <input type="radio"/> Train <input type="radio"/> Bicyclist <input type="radio"/> Deer <input type="radio"/> Animal (other than deer) </td> <td> Fixed Object <input type="radio"/> Bridge/Culvert <input type="radio"/> Embankment/Ditch/Curb <input type="radio"/> Guardrail/Median Barrier <input type="radio"/> Tree <input type="radio"/> Utility pole/light support <input type="radio"/> Other fixed object <input type="radio"/> Sign Post <input type="radio"/> Signal standard Non-Fixed Object <input type="radio"/> Building/Other Structure <input type="radio"/> Maint. Equip. - Not Moving <input type="radio"/> Maint. Equip. - Moving <input type="radio"/> Other non-fixed object </td> <td> <input checked="" type="radio"/> Roadway <input type="radio"/> Off-Roadway <input type="radio"/> Median <input type="radio"/> Roadside <input type="radio"/> Shoulder <input type="radio"/> Parking Lot <input type="radio"/> Core <input checked="" type="radio"/> None <input type="radio"/> Four-way Inter <input type="radio"/> T-Intersection <input type="radio"/> Crossover <input type="radio"/> Driveway <input type="radio"/> Five-point or more <input type="radio"/> Off Ramp <input type="radio"/> On Ramp <input type="radio"/> Path/Rail <input type="radio"/> RR Xing <input type="radio"/> Traffic Circle/Round <input type="radio"/> Y-Intersection </td> <td> <input type="radio"/> City Street <input type="radio"/> State Highway <input type="radio"/> U.S. Highway <input type="radio"/> County Road <input type="radio"/> Parking Lot/Private Drive <input type="radio"/> Interstate <input type="radio"/> Off Road <input type="radio"/> State Park </td> </tr> </table>					Crash with DMV in Road <input checked="" type="radio"/> Rear end slow or stop <input type="radio"/> Rear end turn <input type="radio"/> Left turn same roadway <input type="radio"/> Left turn cross traffic <input type="radio"/> Right turn cross traffic <input type="radio"/> Head on <input type="radio"/> Sideswipe <input type="radio"/> Angle <input type="radio"/> Hit and run	Non-Crash in Road <input type="radio"/> Overrun <input type="radio"/> Jackknife <input type="radio"/> Fell from vehicle <input type="radio"/> Other Crash of MV in Road with <input type="radio"/> Pedestrian <input type="radio"/> Parked Vehicle <input type="radio"/> Train <input type="radio"/> Bicyclist <input type="radio"/> Deer <input type="radio"/> Animal (other than deer)	Fixed Object <input type="radio"/> Bridge/Culvert <input type="radio"/> Embankment/Ditch/Curb <input type="radio"/> Guardrail/Median Barrier <input type="radio"/> Tree <input type="radio"/> Utility pole/light support <input type="radio"/> Other fixed object <input type="radio"/> Sign Post <input type="radio"/> Signal standard Non-Fixed Object <input type="radio"/> Building/Other Structure <input type="radio"/> Maint. Equip. - Not Moving <input type="radio"/> Maint. Equip. - Moving <input type="radio"/> Other non-fixed object	<input checked="" type="radio"/> Roadway <input type="radio"/> Off-Roadway <input type="radio"/> Median <input type="radio"/> Roadside <input type="radio"/> Shoulder <input type="radio"/> Parking Lot <input type="radio"/> Core <input checked="" type="radio"/> None <input type="radio"/> Four-way Inter <input type="radio"/> T-Intersection <input type="radio"/> Crossover <input type="radio"/> Driveway <input type="radio"/> Five-point or more <input type="radio"/> Off Ramp <input type="radio"/> On Ramp <input type="radio"/> Path/Rail <input type="radio"/> RR Xing <input type="radio"/> Traffic Circle/Round <input type="radio"/> Y-Intersection	<input type="radio"/> City Street <input type="radio"/> State Highway <input type="radio"/> U.S. Highway <input type="radio"/> County Road <input type="radio"/> Parking Lot/Private Drive <input type="radio"/> Interstate <input type="radio"/> Off Road <input type="radio"/> State Park
Crash with DMV in Road <input checked="" type="radio"/> Rear end slow or stop <input type="radio"/> Rear end turn <input type="radio"/> Left turn same roadway <input type="radio"/> Left turn cross traffic <input type="radio"/> Right turn cross traffic <input type="radio"/> Head on <input type="radio"/> Sideswipe <input type="radio"/> Angle <input type="radio"/> Hit and run	Non-Crash in Road <input type="radio"/> Overrun <input type="radio"/> Jackknife <input type="radio"/> Fell from vehicle <input type="radio"/> Other Crash of MV in Road with <input type="radio"/> Pedestrian <input type="radio"/> Parked Vehicle <input type="radio"/> Train <input type="radio"/> Bicyclist <input type="radio"/> Deer <input type="radio"/> Animal (other than deer)	Fixed Object <input type="radio"/> Bridge/Culvert <input type="radio"/> Embankment/Ditch/Curb <input type="radio"/> Guardrail/Median Barrier <input type="radio"/> Tree <input type="radio"/> Utility pole/light support <input type="radio"/> Other fixed object <input type="radio"/> Sign Post <input type="radio"/> Signal standard Non-Fixed Object <input type="radio"/> Building/Other Structure <input type="radio"/> Maint. Equip. - Not Moving <input type="radio"/> Maint. Equip. - Moving <input type="radio"/> Other non-fixed object	<input checked="" type="radio"/> Roadway <input type="radio"/> Off-Roadway <input type="radio"/> Median <input type="radio"/> Roadside <input type="radio"/> Shoulder <input type="radio"/> Parking Lot <input type="radio"/> Core <input checked="" type="radio"/> None <input type="radio"/> Four-way Inter <input type="radio"/> T-Intersection <input type="radio"/> Crossover <input type="radio"/> Driveway <input type="radio"/> Five-point or more <input type="radio"/> Off Ramp <input type="radio"/> On Ramp <input type="radio"/> Path/Rail <input type="radio"/> RR Xing <input type="radio"/> Traffic Circle/Round <input type="radio"/> Y-Intersection	<input type="radio"/> City Street <input type="radio"/> State Highway <input type="radio"/> U.S. Highway <input type="radio"/> County Road <input type="radio"/> Parking Lot/Private Drive <input type="radio"/> Interstate <input type="radio"/> Off Road <input type="radio"/> State Park					
<table border="0"> <tr> <td> <input type="radio"/> Daylight <input type="radio"/> Dark-Lit <input checked="" type="radio"/> Dark-Unlit <input type="radio"/> Dawn <input type="radio"/> Dusk </td> <td> <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Water <input type="radio"/> Sand/Mud/Dirt/Oil/Gravel <input type="radio"/> Ice <input type="radio"/> Slush <input type="radio"/> Snow </td> <td> <input checked="" type="radio"/> Clear <input type="radio"/> Rain <input type="radio"/> Cloudy <input type="radio"/> High winds <input type="radio"/> Blown Debris <input type="radio"/> Fog/Smog/Smoke <input type="radio"/> Sleet/Hail <input type="radio"/> Snow </td> <td> <input checked="" type="radio"/> Not Workzone Related <input type="radio"/> Within Construction Zone <input type="radio"/> Advance Warning Area </td> <td> <input checked="" type="radio"/> None <input type="radio"/> Intermittent or Moving Work <input type="radio"/> Lane Closure <input type="radio"/> Lane Shift/Crossover <input type="radio"/> Shoulder/Median Work <input type="radio"/> Utility </td> </tr> </table>					<input type="radio"/> Daylight <input type="radio"/> Dark-Lit <input checked="" type="radio"/> Dark-Unlit <input type="radio"/> Dawn <input type="radio"/> Dusk	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Water <input type="radio"/> Sand/Mud/Dirt/Oil/Gravel <input type="radio"/> Ice <input type="radio"/> Slush <input type="radio"/> Snow	<input checked="" type="radio"/> Clear <input type="radio"/> Rain <input type="radio"/> Cloudy <input type="radio"/> High winds <input type="radio"/> Blown Debris <input type="radio"/> Fog/Smog/Smoke <input type="radio"/> Sleet/Hail <input type="radio"/> Snow	<input checked="" type="radio"/> Not Workzone Related <input type="radio"/> Within Construction Zone <input type="radio"/> Advance Warning Area	<input checked="" type="radio"/> None <input type="radio"/> Intermittent or Moving Work <input type="radio"/> Lane Closure <input type="radio"/> Lane Shift/Crossover <input type="radio"/> Shoulder/Median Work <input type="radio"/> Utility
<input type="radio"/> Daylight <input type="radio"/> Dark-Lit <input checked="" type="radio"/> Dark-Unlit <input type="radio"/> Dawn <input type="radio"/> Dusk	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Water <input type="radio"/> Sand/Mud/Dirt/Oil/Gravel <input type="radio"/> Ice <input type="radio"/> Slush <input type="radio"/> Snow	<input checked="" type="radio"/> Clear <input type="radio"/> Rain <input type="radio"/> Cloudy <input type="radio"/> High winds <input type="radio"/> Blown Debris <input type="radio"/> Fog/Smog/Smoke <input type="radio"/> Sleet/Hail <input type="radio"/> Snow	<input checked="" type="radio"/> Not Workzone Related <input type="radio"/> Within Construction Zone <input type="radio"/> Advance Warning Area	<input checked="" type="radio"/> None <input type="radio"/> Intermittent or Moving Work <input type="radio"/> Lane Closure <input type="radio"/> Lane Shift/Crossover <input type="radio"/> Shoulder/Median Work <input type="radio"/> Utility					
G30. First Name M Last Name		G38. First Name M Last Name							
G31. Address G32. Phone Number		G39. Address G40. Phone Number							
G33. City G34. State G35. Zip Code		G41. City G42. State G43. Zip Code							
G36. Sex G37. Age		G44. Sex G45. Age							
G46. Badge Number K - 41		G47. Investigative Officer Name (Please Print) Trooper Joshua P. LaCap							
G48. Reviewing Badge Number B 118		G49. Reviewing Officer Initials J C M							
G50. Photograph Taken Y N		G51. Photographer and Badge # TROOPER JOSHUA P. LACAP							
G48. Officer Signature Trooper Joshua P. LaCap									



From: SRHS-FINANCIAL SERVICES

228 769 9903

08/16/2016 13:58

#443 P.009/015

08/16/2016 TUE 13:37 FAX

002/007

MUCR
Diagram/Narrative

Agency Number

9 0 3 0

Agency Case Number

0 8 0 4 2 4 1 6 0 0 0 1

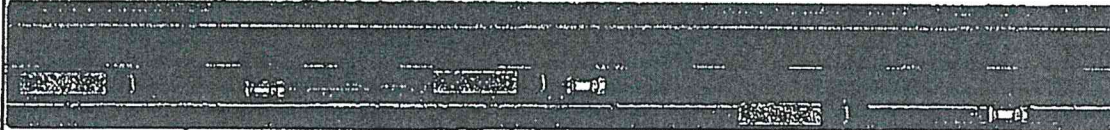
Page

0 2 of 0 7

N1. Collision Diagram



I 10



V2

I 10

N2. Collision Narrative

VEHICLE 1 AND VEHICLE 2 WERE EASTBOUND ON I-10. IN AN ATTEMPT TO AVOID COLLIDING WITH VEHICLE 1, V2 CAME INTO A SKID, THEN V2'S FRONT COLLIDED WITH V1'S REAR IN THE RIGHT EASTBOUND LANE OF I-10. AFTER IMPACT, V1 AND V2 CAME TO FINAL REST IN THE EASTBOUND EMERGENCY SHOULDER, SOUTH OF I-10, FACING EAST.

*NOTES:

DRIVER OF VEHICLE 1 STATED HIS VEHICLE RAN OUT OF GAS AND VEHICLE CAME TO AN ABRUPT STOP.

From: SRHS-FINANCIAL SERVICE

228 769 9903

08/1 016 13:59

#443 P.011/015

08/16/2016 TUE 13:37 FAX

003/007

MUCR Person/Occupant		VO. Veh. #	PO. Person #	Agency Number	Agency Case Number	Page	of
01		01	01	9030	080424160001	03	07

P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE		P2. Driver's License 801083750 PA. DOB MM/DD/YYYY 08 / 04 / 1985 P3. State MS		Regular Operator <input checked="" type="radio"/> Regular Operator <input type="radio"/> A <input type="radio"/> Motorcycle <input type="radio"/> B <input type="radio"/> Class D (MS only) <input type="radio"/> C		Shoulder and Lap Belt <input checked="" type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet	
P6. First Name DARYL P7. Address 2313 PRINCE GEORGE P8. City GAUTIER P9. State MS		P4. Last Name WILLIAMS P5. Phone Number 228 369 7472 P10. ZIP Code 39553		Valid <input type="checkbox"/> Suspended - Old <input type="checkbox"/> No License <input type="checkbox"/> Learner Permit <input type="checkbox"/> Expired <input type="checkbox"/> Improper DL <input type="checkbox"/> Suspended <input type="checkbox"/> Other <input type="checkbox"/>		Complaint of Pain <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Life Threatening <input type="checkbox"/> Killed Not <input type="checkbox"/> Partially <input type="checkbox"/> Totally	
P11. Sex <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P		P12. EMS Agency Code 0381		P13. Medical Facility Code 0040		Enraptured <input type="radio"/> N <input type="radio"/> Y M <input type="radio"/> F White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other Left <input type="radio"/> Center <input type="radio"/> Right Deployed - Front <input type="radio"/> Not Deployed Deployed - Side <input type="radio"/> No Airbag Deployed - Both	
P14. Not Transported <input type="checkbox"/> Police <input type="checkbox"/> Hearse <input type="checkbox"/> EMS <input type="checkbox"/> Private Vehicle <input type="checkbox"/>		P15. No Defects Apparent <input type="checkbox"/> Obviously Intoxicated <input type="checkbox"/> Unknown <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Hit and Run <input type="checkbox"/> Affected by Exhaust Fumes <input type="checkbox"/> Drinking - Not Impaired <input type="checkbox"/> Using Drugs - Impaired <input type="checkbox"/> Drinking - Impaired <input type="checkbox"/> Using Drugs - Not Impaired <input type="checkbox"/> Fell Asleep/Fainted/Fatigue <input type="checkbox"/> Pending Lab Results <input type="checkbox"/>		P16. Unknown <input type="checkbox"/> Pushing vehicle <input type="checkbox"/> Entering/Crossing Roadway <input type="checkbox"/> Approaching/leaving vehicle <input type="checkbox"/> Walking/running/playing/cycling <input type="checkbox"/> Playing/working on vehicle <input type="checkbox"/> Working <input type="checkbox"/> Standing <input type="checkbox"/>		None <input type="radio"/> Serum <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test given, pending <input type="radio"/> Test refused <input type="radio"/> Test given <input type="radio"/>	
P17. No Apparent Improper Driving <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Speed Too Fast For Conditions <input type="checkbox"/> Driving Under The Influence <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Exceeded Lawful Speed <input type="checkbox"/> Improper Passing/Overtaking <input type="checkbox"/>		P18. Made Improper Turn <input type="checkbox"/> Left of Center <input type="checkbox"/> Failure to Keep proper lane/run off road <input type="checkbox"/> Avoidance <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Lying and/or Illegally in roadway <input type="checkbox"/>		P19. Not Visible (Dark Clothing) <input type="checkbox"/> Operating Defective Equipment <input type="checkbox"/> Passed Stop Sign <input type="checkbox"/> Pedestrian Actions <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Roadway Defects <input type="checkbox"/> Visibility Obstructed <input type="checkbox"/> Improper Backing <input type="checkbox"/> See Crash Description <input type="checkbox"/>		None <input type="radio"/> Serum <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test given, pending <input type="radio"/> Test refused <input type="radio"/> Test given <input type="radio"/>	

O0. Vehicle # 01		O1. First Name LAMARIO M Last Name S HENDERSON		O2. Address 3413 KIMBERLY DR O3. City MOSS POINT O4. State MS		O5. Unborn Child <input type="checkbox"/>	
O6. Sex M <input type="radio"/> F <input type="radio"/>		O7. Race White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other <input type="radio"/>		O8. Age 26 M <input type="radio"/> N <input type="radio"/> Y <input type="radio"/>		O9. Not Transported <input type="checkbox"/> Police <input type="checkbox"/> Hearse <input type="checkbox"/> EMS <input type="checkbox"/> Private Vehicle <input type="checkbox"/>	
O10. Front-Driver <input type="checkbox"/> Front-Middle <input type="checkbox"/> Front-Right <input type="checkbox"/> 2nd-left <input type="checkbox"/> 2nd-middle <input type="checkbox"/> 2nd-right <input type="checkbox"/> 3rd-left <input type="checkbox"/> 3rd-middle <input type="checkbox"/> 3rd-right <input type="checkbox"/> Sleeper of Truck Cab <input type="checkbox"/> End. Pass/Cargo Area <input type="checkbox"/> Unend. Pass/Cargo Area <input type="checkbox"/> Riding on Exterior <input type="checkbox"/> Towed Vhd./Trailer <input type="checkbox"/>		O11. Shoulder and Lap Belt <input checked="" type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet		O12. None <input type="radio"/> Life Threatening <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed Complaint of Pain <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag Moderate <input type="radio"/> Killed <input type="radio"/> Deployed - Both		O13. EMS Agency Code 0381	

O0. Vehicle # 01		O1. First Name LARRY M Last Name W HENDERSON		O2. Address 3414 SHORTCUT RD O3. City PASCAGOULA O4. State MS		O5. Unborn Child <input type="checkbox"/>	
O6. Sex M <input type="radio"/> F <input type="radio"/>		O7. Race White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other <input type="radio"/>		O8. Age 29 M <input type="radio"/> N <input type="radio"/> Y <input type="radio"/>		O9. Not Transported <input type="checkbox"/> Police <input type="checkbox"/> Hearse <input type="checkbox"/> EMS <input type="checkbox"/> Private Vehicle <input type="checkbox"/>	
O10. Front-Driver <input type="checkbox"/> Front-Middle <input type="checkbox"/> Front-Right <input type="checkbox"/> 2nd-left <input type="checkbox"/> 2nd-middle <input type="checkbox"/> 2nd-right <input type="checkbox"/> 3rd-left <input type="checkbox"/> 3rd-middle <input type="checkbox"/> 3rd-right <input type="checkbox"/> Sleeper of Truck Cab <input type="checkbox"/> End. Pass/Cargo Area <input type="checkbox"/> Unend. Pass/Cargo Area <input type="checkbox"/> Riding on Exterior <input type="checkbox"/> Towed Vhd./Trailer <input type="checkbox"/>		O11. Shoulder and Lap Belt <input checked="" type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet		O12. None <input type="radio"/> Life Threatening <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed Complaint of Pain <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag Moderate <input type="radio"/> Killed <input type="radio"/> Deployed - Both		O13. EMS Agency Code 0381	

From: SRHS-FINANCIAL SERVICE

228 769 9903

08/1 016 13:59

#443 P.012/015

08/16/2016 TUE 13:37 FAX

0004/007

MUCR Vehicle		V0. Vehicle	V1. Total Occupants	Agency Number	Agency Case Number	Page	of
		01	04	9030	080424160001	04	07

V. VIN				V12. Owner Name			
1G4BN52P2SR405417				DARYL OR MITCHELL TAM WILLIAMS			
V2. State				V13. Address			
MS				3414 SHORTCUT ROAD APT152			
V3. Year				V14. City			
2017				PASCAGOULA			
V4. License Plate Number				V15. State			
JHC689				MS			
V5. Make				V16. Zip Code			
BUICK				39581			
V6. Model Year				V17. No Proof of Insurance			
1999				<input type="checkbox"/>			
V7. Vehicle Model				V18. Insurance Company Name			
ROADMASTER				FRED PRICE			
V8. Vehicle Color				V19. Policy Number			
WHIT				CH315214600			
V9. Damage							
N							

Collision w/ Person, Vehicle/Non-Hard Object		Non-Collision		Collision w/ Fixed Object		Vehicle Damaged/Destroyed	
<input type="checkbox"/> 1 Animal <input type="checkbox"/> 2 Bicyclist <input type="checkbox"/> 3 Maintenance Equip. <input type="checkbox"/> 4 Moving Vehicle <input type="checkbox"/> 5 Parked Vehicle <input type="checkbox"/> 6 Pedestrian <input type="checkbox"/> 7 Train <input type="checkbox"/> 8 Stopping Vehicle <input type="checkbox"/> 9 Stopped Vehicle in Road <input type="checkbox"/> 0 Other Movable Object		<input type="checkbox"/> 1 Cargo Loss/Shift <input type="checkbox"/> 2 Crossover <input type="checkbox"/> 3 Equipment Failure <input type="checkbox"/> 4 Fall/Jump from Vehicle <input type="checkbox"/> 5 Fire/Explosion <input type="checkbox"/> 6 Immersion <input type="checkbox"/> 7 Jackknife <input type="checkbox"/> 8 Median/Centerline <input type="checkbox"/> 9 Thrown/Falling Object <input type="checkbox"/> 0 Off roadway/Left <input type="checkbox"/> 1 Off roadway/Right <input type="checkbox"/> 2 Overturn/Rollover <input type="checkbox"/> 3 Unit Separation <input type="checkbox"/> 4 Over Collecting/Smashing <input type="checkbox"/> 5 Downhill runaway		<input type="checkbox"/> 1 Alteration/Cushion <input type="checkbox"/> 2 Bridge Structure <input type="checkbox"/> 3 Culvert <input type="checkbox"/> 4 Curb <input type="checkbox"/> 5 Ditch <input type="checkbox"/> 6 Embankment <input type="checkbox"/> 7 Fence <input type="checkbox"/> 8 Guardrail <input type="checkbox"/> 9 Mailbox <input type="checkbox"/> 0 Median Barrier <input type="checkbox"/> 1 Post/Pole/Support <input type="checkbox"/> 2 Tree <input type="checkbox"/> 3 Other Fixed Object		State Property? <input type="radio"/> Y <input type="radio"/> N State Property Damaged (Select all that apply): <input type="checkbox"/> Signage <input type="checkbox"/> Cable Barrier <input type="checkbox"/> Signals <input type="checkbox"/> Concrete Barrier <input type="checkbox"/> Lighting <input type="checkbox"/> Other Concrete Structure <input type="checkbox"/> Guardrail <input type="checkbox"/> Other (See Narrative) <input type="checkbox"/> Going Straight <input type="checkbox"/> Avoidance <input type="checkbox"/> Making Left Turn <input type="checkbox"/> Lane Change <input type="checkbox"/> Stopped <input type="checkbox"/> Leaving Parking <input type="checkbox"/> Slow/Stop in Road <input type="checkbox"/> Overslump/Passing <input type="checkbox"/> Parked <input type="checkbox"/> Parking Position <input type="checkbox"/> Backing <input type="checkbox"/> Making U Turn <input type="checkbox"/> Making Right Turn <input type="checkbox"/> In Tow	

<input type="checkbox"/> Passenger Car <input type="checkbox"/> Pickup Truck <input type="checkbox"/> SUV <input type="checkbox"/> Van/Station Wagon <input type="checkbox"/> Air Van Towing Trailer <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV <input type="checkbox"/> ATV		<input type="checkbox"/> Bus <input type="checkbox"/> Truck/Tractor/Trailers <input type="checkbox"/> Farm Tractor <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Emergency Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Unknown Truck <input type="checkbox"/> Train		<input type="checkbox"/> School (Public/Private) <input type="checkbox"/> Charter <input type="checkbox"/> Transit <input type="checkbox"/> Intercity <input type="checkbox"/> Other		<input type="checkbox"/> Under <input type="checkbox"/> Overturn <input type="checkbox"/> None <input type="checkbox"/> Other	
--	--	---	--	--	--	--	--

V22a. Hazmat Placard/Cargo?		V27. Device Functioning?		V28. Roadway/Location		V29. Roadway/Location	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Channel-Placard <input type="checkbox"/> Channel-Physical <input type="checkbox"/> Flag Person <input type="checkbox"/> Flashing Signal (Red) <input type="checkbox"/> Flashing Signal (Yellow) <input type="checkbox"/> No Placard <input type="checkbox"/> None		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Officer <input type="checkbox"/> RR Flashing Signal <input type="checkbox"/> RR Signal & Gate <input type="checkbox"/> Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Railroad Sign <input type="checkbox"/> Yield Sign		<input type="checkbox"/> Straight/Level <input type="checkbox"/> Bridge <input type="checkbox"/> Intersect two roads <input type="checkbox"/> Private Drive <input type="checkbox"/> Straight/Grade <input type="checkbox"/> Curve/Hillcrest <input type="checkbox"/> Curve/Level <input type="checkbox"/> Crossover <input type="checkbox"/> Straight/Hillcrest <input type="checkbox"/> Begin/End Divided Road <input type="checkbox"/> Curve/Grade <input type="checkbox"/> One-Way		<input type="checkbox"/> 2 Lane <input type="checkbox"/> 3 Lane <input type="checkbox"/> 4+ Lane <input type="checkbox"/> Frontage/Ramp <input type="checkbox"/> Parking Lot <input type="checkbox"/> One Way <input type="checkbox"/> 1 Lane <input type="checkbox"/> Unpaved <input type="checkbox"/> Divided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> V31. Center Turn Lane? <input type="checkbox"/> Yes <input type="checkbox"/> No	

V33. Towed?		V33a. Due to Disabling Damage?		V34. Authority:		V35. Towed By:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Police <input type="checkbox"/> Other		PRESLEY'S TOWING	

C1. Carrier ID Number:		C2. Authority:		C10. Commodity Hauled	
		<input type="checkbox"/> US DOT <input type="checkbox"/> State <input type="checkbox"/> Mexico <input type="checkbox"/> NC <input type="checkbox"/> Canada			
C3. Carrier Name		C4. Carrier Address		C11. Placard ID	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
C5. City		C6. State		C7. Zip Code	
C8. GVWR/GCWR		C9. Sub		C12. HAZMAT Released	
<input type="checkbox"/> 10,000 lbs or less <input type="checkbox"/> 10,001 lbs to 26,000 lbs <input type="checkbox"/> Greater than 26,000 lbs		<input type="checkbox"/> Auto transporter <input type="checkbox"/> Bus (seats 8-15 incl. driver) <input type="checkbox"/> Bus (seats 16 or >, incl. driver) <input type="checkbox"/> Vehicle Towing Motor Vehicle <input type="checkbox"/> Van/enclosed box <input type="checkbox"/> Gravel/chips/gravel		<input type="checkbox"/> Cargo tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Garbage/refuse <input type="checkbox"/> Intermodal <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Pole <input type="checkbox"/> Log <input type="checkbox"/> Dump <input type="checkbox"/> Other <input type="checkbox"/> None	
C13. Carrier Type		C14. Carrier Type		C15. Carrier Type	
<input type="checkbox"/> Interstate <input type="checkbox"/> Interstate		<input type="checkbox"/> Not in Commerce - Other Truck or Bus <input type="checkbox"/> Not in Commerce - Government <input type="checkbox"/> Other Operations/Not Specified		<input type="checkbox"/> Passenger Car (only if has HM Placard) <input type="checkbox"/> Light truck (only if has HM Placard) <input type="checkbox"/> Bus (seats 8-15 incl. driver) <input type="checkbox"/> Bus (seats 16 or more, incl. driver) <input type="checkbox"/> Single-Line Truck (2 axles, 8 tires) <input type="checkbox"/> Single-Line Truck (3 or more axles)	

From: SRHS-FINANCIAL SERVICE

228 769 9903

08/1 016 13:59

#443 P.013/015

08/16/2016 TUE 13:37 FAX

005/007

MUCR Person/Occupant		VO. Veh. #	PO. Person #	Agency Number	Agency Case Number	Page	05	of	07
P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE		P2. Driver License #		P3. State	Regular Operator <input checked="" type="radio"/> Regular Operator <input type="radio"/> Motorcycle <input type="radio"/> Class D (MS only) <input type="radio"/> CDL Class <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C				
P4. DOB (MM/DD/YYYY)		P5. Sex		P6. First Name	P7. Last Name	P8. Phone Number			
10 / 13 / 1987		M		ADOLFO	PEREZ	786 406 0460			
P9. Address		P10. City		P11. State	P12. Zip Code				
450 NW 81ST AVENUE		MIAMI		FL	33126				
P13. Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> Private Vehicle <input type="radio"/> P17. EMS Agency Code		P14. Medical Facility Code		P15. Medical					
P16. Medical		P18. Medical							
P19. Medical		P20. Medical							
P21. Medical		P22. Medical							
P23. Medical		P24. Medical							
P25. Medical		P26. Medical							
P27. Medical		P28. Medical							
P29. Medical		P30. Medical							
P31. Medical		P32. Medical							
P33. Medical		P34. Medical							
P35. Medical		P36. Medical							
P37. Medical		P38. Medical							
P39. Medical		P40. Medical							
P41. Medical		P42. Medical							
P43. Medical		P44. Medical							
P45. Medical		P46. Medical							
P47. Medical		P48. Medical							
P49. Medical		P50. Medical							
P51. Medical		P52. Medical							
P53. Medical		P54. Medical							
P55. Medical		P56. Medical							
P57. Medical		P58. Medical							
P59. Medical		P60. Medical							
P61. Medical		P62. Medical							
P63. Medical		P64. Medical							
P65. Medical		P66. Medical							
P67. Medical		P68. Medical							
P69. Medical		P70. Medical							
P71. Medical		P72. Medical							
P73. Medical		P74. Medical							
P75. Medical		P76. Medical							
P77. Medical		P78. Medical							
P79. Medical		P80. Medical							
P81. Medical		P82. Medical							
P83. Medical		P84. Medical							
P85. Medical		P86. Medical							
P87. Medical		P88. Medical							
P89. Medical		P90. Medical							
P91. Medical		P92. Medical							
P93. Medical		P94. Medical							
P95. Medical		P96. Medical							
P97. Medical		P98. Medical							
P99. Medical		P100. Medical							

From: SRHS-FINANCIAL SERVICE

228 769 9903

08/1 016 14:00

#443 P.014/015

08/16/2016 TUE 13:38 FAX

006/007

MUCR Vehicle		V0. Vehicle	V1. Total Occupants	Agency Number	Agency Case Number	Page	of
		02	02	0030	080424160001	08	07

Vehicle Information				Owner Information			
V. VIN 1 F U J G L C K 3 8 L Y 7 2 3 3 5				V12. Owner Name D & D EXPRESS TRANSPORT CORPORATION			
V2. State FL				V13. Address 242 W 19TH ST			
V3. Year 2017				V14. City HILEAH			
V4. License Plate Number F1766U				V15. State FL			
V5. Make FREIGHTLIN				V16. Zip Code 33011-2581			
V6. Model Year 2008				V17. No. of Insurance 65			
V7. Vehicle Model TRACTOR				V18. Insurance Company Name NATIONAL INDEMNITY			
V8. Vehicle Color 				V19. Policy Number 74TRS082376			

Collision w/ Person, Vehicle/Non-Fixed Object		Non-Collision		Collision w/ Fixed Object		Vehicle Damaged/Destroyed	
<input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Train <input type="radio"/> Stowing Vehicle <input type="radio"/> Stopped Vehicle in Road <input type="radio"/> Other Movable Object		<input type="radio"/> Cargo Load/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fall/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerville <input type="radio"/> Thrown/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Undr Separation <input type="radio"/> Over Correcting/Steering <input type="radio"/> Downhill runaway		<input type="radio"/> Alteration/Collision <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object		<input type="radio"/> State Property? <input type="radio"/> Y <input type="radio"/> N <input type="checkbox"/> State Property Damaged (Select all that apply): <input type="checkbox"/> Signage <input type="checkbox"/> Cable Barrier <input type="checkbox"/> Signals <input type="checkbox"/> Concrete Barrier <input type="checkbox"/> Lighting <input type="checkbox"/> Other Concrete Structure <input type="checkbox"/> Guardrail <input type="checkbox"/> Other (See Narrative)	
<input type="radio"/> Passenger Car <input type="radio"/> Pickup Truck <input type="radio"/> SUV <input type="radio"/> Van/Stationwagon <input type="radio"/> Flatbed Towing Trailer <input type="radio"/> Motorcycle <input type="radio"/> RV <input type="radio"/> ATV		<input type="radio"/> School (Public/Private) <input type="radio"/> Charter <input type="radio"/> Transit <input type="radio"/> Integrity <input type="radio"/> Other		<input type="radio"/> Under <input type="radio"/> Overturn <input type="radio"/> None <input type="radio"/> Other		<input type="radio"/> None <input type="radio"/> Right only <input type="radio"/> Left only <input type="radio"/> Both Sides <input type="radio"/> Separate <input type="radio"/> Signed	
V22a. Hazmat Placed/Cargo? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Channel-Painted <input type="radio"/> Channel-Physical <input type="radio"/> Flag Person <input type="radio"/> Flashing Signal (Red) <input type="radio"/> Flashing Signal (Yellow) <input type="radio"/> No Passing <input type="radio"/> None		<input type="radio"/> Straight/Level <input type="radio"/> Intersect Two roads <input type="radio"/> Straight/Grade <input type="radio"/> Curve/Level <input type="radio"/> Straight/Hillcrest <input type="radio"/> Curve/Grade <input type="radio"/> Bridge <input type="radio"/> Private Drive <input type="radio"/> Curve/Hillcrest <input type="radio"/> Crossover <input type="radio"/> Beg/End Divided Road <input type="radio"/> One-Way		<input type="radio"/> 2 Lane <input type="radio"/> 4+ Lane <input type="radio"/> Parking Lot <input type="radio"/> 1 Lane <input type="radio"/> 3 Lane <input type="radio"/> Frontage/Ramp <input type="radio"/> One Way <input type="radio"/> Unpaved		<input type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Other - See Narrative	
V27. Device Functioning? <input type="radio"/> Yes <input type="radio"/> No		V33. Towed? <input type="radio"/> Yes <input type="radio"/> No V33a. Due to Disabling Damage? <input type="radio"/> Yes <input type="radio"/> No		V34. Authority: <input type="radio"/> Owner <input type="radio"/> Police <input type="radio"/> Other		V35. Towed By: ALL AMERICAN TOWING	

Commercial Vehicle	
C1. Carrier ID Number 8 2 0 7 7 9 C	C2. Authority: <input checked="" type="radio"/> US DOT <input type="radio"/> State <input type="radio"/> Mexico <input type="radio"/> MC <input type="radio"/> Canada
C3. Carrier Name D & D EXPRESS TRANSPORT CORPORATION	
C4. Carrier Address 242 W 19TH ST	
C5. City HILEAH	C6. State FL
C7. Zip Code 33011-2581	
C8. GVWR/GCWR <input type="radio"/> 10,000 lbs or less <input type="radio"/> 10,001 lbs to 26,000 lbs <input checked="" type="radio"/> Greater than 26,000 lbs	
<input type="radio"/> Auto transporter <input type="radio"/> Bus (seats 9-15 incl. driver) <input type="radio"/> Bus (seats 16 or more, incl. driver) <input type="radio"/> Vehicle Towing Motor Vehicle <input type="radio"/> Van/enclosed box <input type="radio"/> Grain/chips/gravel	
<input type="radio"/> Cargo tank <input type="radio"/> Flatbed <input type="radio"/> Garbage/refuse <input type="radio"/> Intermodal <input type="radio"/> Concrete Mixer <input type="radio"/> Pole <input type="radio"/> Log <input type="radio"/> Dump <input type="radio"/> Other <input type="radio"/> None	
C10. Commodity Hauled PRODUCE	
C11. Placard ID 	C12. HAZMAT Released <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Passenger Car (only if has HM placard) <input type="radio"/> Light Truck (only if has HM placard) <input type="radio"/> Bus (seats 9-15 incl. driver) <input type="radio"/> Bus (seats 16 or more incl. driver) <input type="radio"/> Single-unit Truck (2 axles, 6 tires) <input type="radio"/> Single-unit Truck (3 or more axles)	
<input type="radio"/> Truck/Trailer Single-unit Truck with trailer(s) <input type="radio"/> Truck/Trailer (Bobtail) <input type="radio"/> Truck/Semi-Trailer (no trailer) <input type="radio"/> Tractor/Tractor-trailer <input type="radio"/> Trailer/Triples (area trailer) <input type="radio"/> Other Heavy Truck > 10,000 lbs	
C14. Carrier Types <input type="radio"/> Intrastate <input type="radio"/> Interstate <input type="radio"/> Not in Commerce - Other Truck or Bus <input type="radio"/> Not in Commerce - Government <input type="radio"/> Other Operations/Not Specified	

From: SRHS-FINANCIAL SERVICES

228 769 9903

08/1 016 14:00

#443 P.015/015

08/16/2016 TUE 13:38 FAX

007/007

MUCR Additional Occupants		Agency Number 9030	Agency Case Number 080424160001	Page 07 of 07
Occupant				
00. Vehicle #: 01	01. First Name JAMETRIUS	M	02. Last Name MCCON	
02. Address Same as Person #	03. Address 5708 EASTWOOD DRIVE			
	04. City MOSS POINT	05. State MS	Unborn Child <input type="checkbox"/>	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other	<input type="radio"/> 30 <input type="radio"/> Y	<input type="radio"/> M <input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally
<input type="radio"/> Not Transported <input type="radio"/> EMS		<input type="radio"/> Police <input type="radio"/> Private Vehicle	016. EMS Agency Code 0381	017. Medical Facility Code 0040
<input type="radio"/> Front-Driver <input type="radio"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left <input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> End. Pass/Cargo Area <input type="radio"/> Unincl. Pass/Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vncl./Trailer				
<input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet				
<input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed <input type="radio"/> Deployed - Front <input type="radio"/> Deployed - Side <input type="radio"/> Deployed - Both <input type="radio"/> Not Deployed <input type="radio"/> No Airbag				
Occupant				
00. Vehicle #:	01. First Name	M	02. Last Name	
02. Address Same as Person #	03. Address			
	04. City	05. State	Unborn Child <input type="checkbox"/>	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other	<input type="radio"/> M <input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	<input type="radio"/> Not Transported <input type="radio"/> EMS
<input type="radio"/> Police <input type="radio"/> Private Vehicle		016. EMS Agency Code	017. Medical Facility Code	
<input type="radio"/> Front-Driver <input type="radio"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left <input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> End. Pass/Cargo Area <input type="radio"/> Unincl. Pass/Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vncl./Trailer				
<input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet				
<input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed <input type="radio"/> Deployed - Front <input type="radio"/> Deployed - Side <input type="radio"/> Deployed - Both <input type="radio"/> Not Deployed <input type="radio"/> No Airbag				
Occupant				
00. Vehicle #:	01. First Name	M	02. Last Name	
02. Address Same as Person #	03. Address			
	04. City	05. State	Unborn Child <input type="checkbox"/>	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other	<input type="radio"/> M <input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	<input type="radio"/> Not Transported <input type="radio"/> EMS
<input type="radio"/> Police <input type="radio"/> Private Vehicle		016. EMS Agency Code	017. Medical Facility Code	
<input type="radio"/> Front-Driver <input type="radio"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left <input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> End. Pass/Cargo Area <input type="radio"/> Unincl. Pass/Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vncl./Trailer				
<input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet				
<input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed <input type="radio"/> Deployed - Front <input type="radio"/> Deployed - Side <input type="radio"/> Deployed - Both <input type="radio"/> Not Deployed <input type="radio"/> No Airbag				
Occupant				
00. Vehicle #:	01. First Name	M	02. Last Name	
02. Address Same as Person #	03. Address			
	04. City	05. State	Unborn Child <input type="checkbox"/>	
<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other	<input type="radio"/> M <input type="radio"/> N <input type="radio"/> Y	<input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally	<input type="radio"/> Not Transported <input type="radio"/> EMS
<input type="radio"/> Police <input type="radio"/> Private Vehicle		016. EMS Agency Code	017. Medical Facility Code	
<input type="radio"/> Front-Driver <input type="radio"/> Front-Middle <input type="radio"/> Front-right <input type="radio"/> 2nd-left <input type="radio"/> 2nd-middle <input type="radio"/> 2nd-right <input type="radio"/> 3rd-left <input type="radio"/> 3rd-middle <input type="radio"/> 3rd-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> End. Pass/Cargo Area <input type="radio"/> Unincl. Pass/Cargo Area <input type="radio"/> Riding on Exterior <input type="radio"/> Towed Vncl./Trailer				
<input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet				
<input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed <input type="radio"/> Deployed - Front <input type="radio"/> Deployed - Side <input type="radio"/> Deployed - Both <input type="radio"/> Not Deployed <input type="radio"/> No Airbag				

From: SRHS-FINANCIAL SERVICE

228 769 9903

08/11/16 13:56

#443 P.002/015

Daryl Williams

STATE OF MISSISSIPPI
UNIFORM CRASH REPORT

Agency Number

9030

Agency Case Number

080424160001

Page 01 of 06

Agency Name

MISSISSIPPI HIGHWAY PATROL - TROOP K

G1. County

30

G2. Status Code

C P U

G3. Reported Date (MM/DD/YYYY)

04 / 24 / 2016

G4. Reported Time (2400)

0427

G5. Officer Time

Arrival Time (2400)

0443

10-24 Time (2400)

0600

G6. Vehicles

02

G7. Killed

00

G8. Injured

03

G9. Address Number

G10. Street Name

G11. Hwy/County Road #

10

G12. Traffic Direction

N E S W

G13. Int.

Y N

G14. Distance

001.00

G15. Direction

N E S W

G16. Intersecting Street Name

67 MILE MARKER

G17. Int. Hwy/County Road #

10

G18. City Name

G19. Latitude

N 30 26.016

G20. Longitude

W 088 34.015

Crash with OMV in Road

Rear end slow or stop

Rear end turn

Left turn same roadway

Left turn cross traffic

Right turn cross traffic

Head on

Sideswipe

Angle

Hit and run

Non-Crash in Road

Overtake

Jackknife

Fell from vehicle

Other

Crash of MV in Road with

Pedestrian

Parked Vehicle

Train

Bicyclist

Door

Animal (other than deer)

Fixed Object

Bridge/Culvert

Embankment/Ditch/Curb

Guardrail/Median Barrier

Tree

Utility pole/light support

Other fixed object

Sign Post

Signal standard

Non-Fixed Object

Building/Other Structure

Maint. Equip. - Not Moving

Maint. Equip. - Moving

Other non-fixed object

Roadway

Off-Roadway

Median

Roadside

Shoulder

Parking Lot

Gore

None

Four-way Inter

T-Intersection

Crossover

Driveway

Five-point or more

Off Ramp

On Ramp

Path/Trail

RR Xing

Traffic Circle/Round

Y-Intersection

City Street

State Highway

U.S. Highway

County Road

Parking Lot/Private Drive

Interstate

Off Road

State Park

G21. First Harmful Event

G22. Crash Location

G23. Intersection Type

G24. Roadway Status

G25. Light Condition

Daylight

Dark-Lit

Dark-Unlit

Dawn

Dusk

G26. Road Condition

Dry

Wet

Water

Sand/Mud/Dirt/Oil/Gravel

Ice

Slush

Snow

G27. Weather Condition

Clear

Blown Debris

Rain

Fog/Smog/Smoke

Cloudy

Sleet/Hail

High winds

Snow

G28. Workzone Relationship

Not Workzone Related

Within Construction Zone

Advance Warning Area

G29. Workzone Type

None

Intermittent or Moving Work

Lane Closure

Lane Shift/Crossover

Shoulder/Median Work

Utility

G30. First Name

M

Last Name

G31. Address

G32. Phone Number

G33. City

G34. State

G35. Zip Code

G36. Sex M F

G37. Age

G38. First Name

M

Last Name

G39. Address

G40. Phone Number

G41. City

G42. State

G43. Zip Code

G44. Sex M F

G45. Age

G46. Badge Number

K - 41

G47. Investigating Officer Name (Please Print)

Trooper Joshua P. LaCap

G48. Officer Signature

Trooper Joshua P. LaCap

G49. Reviewing Badge Number

B 118

G50. Reviewing Officer Initials

J C M

G51. Photos Taken

Y N

G52. Photographer and Badge #

TROOPER JOSHUA P. LACAP

MUCR
Diagram/Narrative

Agency Number

9 0 3 0

Agency Case Number

0 8 0 4 2 4 1 6 0 0 0 1

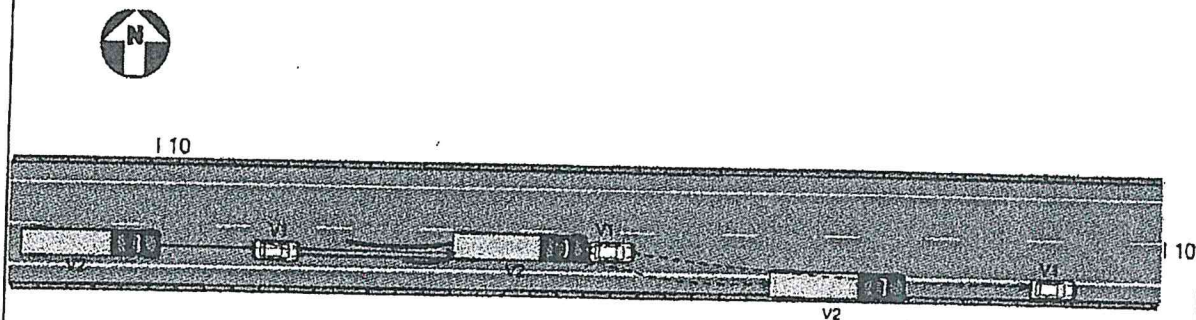
Page

0 2

of

0 6

N1: Collision Diagram



N2: Collision Narrative

VEHICLE 1 AND VEHICLE 2 WERE EASTBOUND ON I-10. IN AN ATTEMPT TO AVOID COLLIDING WITH VEHICLE 1, V2'S FRONT COLLIDED WITH V1'S REAR IN THE RIGHT EASTBOUND LANE OF I-10. AFTER IMPACT, V1 AND V2 CAME TO FINAL REST IN THE EASTBOUND EMERGENCY SHOULDER, SOUTH OF I-10, FACING EAST.

From: SRHS-FINANCIAL SERVICES

228 769 9903

08/11 J16 13:57

#443 P.004/015

MUCR Person/Occupant		VO. Veh. # 01	PO. Person # 01	Agency Number 9030	Agency Case Number 080424160001	Page 03 of 06
P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE						
P2. Driver License # 801083750		P3. State MS		P4. Driver's License Class <input checked="" type="radio"/> Regular Operator <input type="radio"/> CDL Class <input type="radio"/> Regular Operator <input type="radio"/> A <input type="radio"/> Motorcycle <input type="radio"/> B <input type="radio"/> Class D (MS only) <input type="radio"/> C		
P5. DOB (MM/DD/YYYY) 08 / 04 / 1985		P6. First Name DARYL		P7. Last Name WILLIAMS		
P8. Address 3414 SHORTCUT ROAD APT 152		P9. City PASCAGOULA		P10. State MS		
P11. Zip Code 39581		P12. Sex M		P13. Race White		
P14. Marital Status N		P15. Employment N		P16. Medical 0040		
P17. EMS 0381		P18. Agency Code 0381		P19. Facility Code 0040		
P20. Circumstances (a) <input type="checkbox"/> No Defects Apparent <input type="checkbox"/> Obviously Intoxicated <input type="checkbox"/> Unknown <input type="checkbox"/> Pushing vehicle <input type="checkbox"/> Unknown <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Entering/Crossing Roadway <input type="checkbox"/> Approaching/leaving vehicle <input type="checkbox"/> Hit and Run <input type="checkbox"/> Affected by Exhaust Fumes <input type="checkbox"/> Walking/running/playing/cycling <input type="checkbox"/> Playing/working on vehicle <input type="checkbox"/> Drinking - Not Impaired <input type="checkbox"/> Using Drugs - Impaired <input type="checkbox"/> Working <input type="checkbox"/> Standing <input type="checkbox"/> Drinking - Impaired <input type="checkbox"/> Using Drugs - Not Impaired <input type="checkbox"/> Fall Asleep/Fainted/Fatigue <input type="checkbox"/> Pending Lab Results						
P21. Contributing Circumstances (a) <input type="checkbox"/> No Apparent Improper Driving <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Not Visible (Dark Clothing) <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Left of Center <input type="checkbox"/> Operating Defective Equipment <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Failure to keep proper lane/Run off road <input type="checkbox"/> Passed Stop Sign <input type="checkbox"/> Speed Too Fast For Conditions <input type="checkbox"/> Avoidance <input type="checkbox"/> Pedestrian Actions <input type="checkbox"/> Driving Under The Influence <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Roadway Defects <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Visibility Obstructed <input type="checkbox"/> Exceeded Lawful Speed <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Passing/Overtaking <input type="checkbox"/> Lying and/or illegally in roadway <input type="checkbox"/> See Crash Description						
P22. Safety Equip. (a) <input checked="" type="checkbox"/> Shoulder & Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Life Threatening <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Killed <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Not <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Partially <input type="checkbox"/> Helmet <input type="checkbox"/> Totally						
P23. Ejection Type <input type="checkbox"/> Extricated <input checked="" type="radio"/> N <input type="radio"/> Y <input type="radio"/> M <input type="radio"/> F <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other						
P24. Position <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both						
P25. Blood Test Information <input type="radio"/> None <input type="radio"/> Serum <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test given <input type="radio"/> Test refused <input type="radio"/> Test given, pending						
P26. Drug Test Information <input type="radio"/> None <input type="radio"/> Serum <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> None given <input type="radio"/> Test given, pending <input type="radio"/> Test refused <input type="radio"/> Test given						
P27. Cellular Phone in Use? <input type="radio"/> Y <input checked="" type="radio"/> N						
Occupant O0. Vehicle # 01 O1. First Name LAMARIO O2. Address Same as Person # 3413 KIMBERLY DR O3. City MOSS POINT O4. State MS O5. Sex M O6. Race White O7. Age 26 O8. Marital Status N O9. Employment N O10. Medical 0040 O11. EMS 0381 O12. Agency Code 0381 O13. Facility Code 0040						
Occupant O0. Vehicle # 01 O1. First Name LARRY O2. Address Same as Person # 3414 SHORTCUT RD O3. City PASCAGOULA O4. State MS O5. Sex M O6. Race White O7. Age 29 O8. Marital Status N O9. Employment N O10. Medical 0040 O11. EMS 0381 O12. Agency Code 0381 O13. Facility Code 0040						

From: SRHS-FINANCIAL SERVICES

228 769 9903

08/11 J16 13:57

#443 P.005/015

MUCR Vehicle		V0. Vehicle	V1. Total Occupants	Agency Number	Agency Case Number	Page	of
01		03	9030	080424160001	04	06	

Vehicle Information				Owner Information			
V. VIN 1 G 4 B N 5 2 P 2 S R 4 0 5 4 1 7				V12. Owner Name DARYL OR MITCHELL TAM WILLIAMS			
V2. State MS				V13. Address 3414 SHORT CUT RD APT152			
V3. Year 2017				V14. City PASCAGOULA			
V4. License Plate Number JHC 689				V15. State MS			
V5. Make BUICK				V16. Zip Code 39581			
V6. Model Year 1999				V17. No Proof of Insurance <input checked="" type="checkbox"/>			
V7. Vehicle Model ROADMASTER				V18. Insurance Company Name			
V8. Vehicle Color WHIT				V19. Policy Number			
V9. Damage H L N							

V20. Sequence of Events Collision w/ Person, Vehicle/Non-fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Train <input type="radio"/> Stopping Vehicle <input type="radio"/> Stopped Vehicle in Road <input type="radio"/> Other Moveable Object		Non-Collision <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Cargo Loss/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fell/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerline <input type="radio"/> Thrown/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Unit Separation <input type="radio"/> Over Correcting/Steering <input type="radio"/> Downhill runaway		Collision w/ Fixed Object <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> Attenuator/Cushion <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object		Vehicle Damaged/Destroyed State Property? <input type="radio"/> Y <input checked="" type="radio"/> N State Property Damaged (Select all that apply): <input type="checkbox"/> Signage <input type="checkbox"/> Cable Barrier <input type="checkbox"/> Signals <input type="checkbox"/> Concrete Barrier <input type="checkbox"/> Lighting <input type="checkbox"/> Other Concrete Structure <input type="checkbox"/> Guardrail <input type="checkbox"/> Other (See Narrative)	
--	--	---	--	--	--	---	--

V21. Vehicle Type <input checked="" type="radio"/> Passenger Car <input type="radio"/> Bus <input type="radio"/> School (Public/Private) <input type="radio"/> Pickup Truck <input type="radio"/> Truck/Tractor/Trailers <input type="radio"/> Charter <input type="radio"/> SUV <input type="radio"/> Farm Tractor <input type="radio"/> Transit <input type="radio"/> Van/Stationwagon <input type="radio"/> Farm Equipment <input type="radio"/> Intercity <input type="radio"/> RV/Motorhome <input type="radio"/> Emergency Vehicle <input type="radio"/> Other <input type="radio"/> Motorcycle <input type="radio"/> Other <input type="radio"/> Train		V22. Initial Contact 		V23. Direction of Travel 		V24. Roadway Type <input checked="" type="radio"/> None <input type="radio"/> Right only <input type="radio"/> Left only <input type="radio"/> Both Sides <input type="radio"/> Separate <input type="radio"/> Signed	
---	--	--------------------------	--	------------------------------	--	---	--

V25. Roadway Type <input type="radio"/> Channel-Painted <input type="radio"/> Officer <input type="radio"/> Straight/Level <input checked="" type="radio"/> Bridge <input type="radio"/> Channel-Physical <input type="radio"/> RR Flashing Signal <input type="radio"/> Intersect two roads <input type="radio"/> Private Drive <input type="radio"/> Flag Person <input type="radio"/> RR Signal & Gate <input type="radio"/> Straight/Grade <input type="radio"/> Curve/Hillcrest <input type="radio"/> Flashing Signal (Red) <input type="radio"/> Signal <input type="radio"/> Curve/Level <input type="radio"/> Crossover <input type="radio"/> Flashing Signal (Yellow) <input type="radio"/> Stop Sign <input type="radio"/> Straight/Hillcrest <input type="radio"/> Begin/End Divided Road <input type="radio"/> No Passing <input type="radio"/> Railroad Sign <input type="radio"/> Curve/Grade <input type="radio"/> One-Way <input checked="" type="radio"/> None <input type="radio"/> Yield Sign		V26. Road Design <input type="radio"/> 2 Lane <input type="radio"/> 3 Lane <input type="radio"/> 4+ Lane <input type="radio"/> Frontage/Ramp <input type="radio"/> Parking Lot <input type="radio"/> One Way <input type="radio"/> 1 Lane <input type="radio"/> Unpaved		V27. Device Functioning? <input type="radio"/> Yes <input checked="" type="radio"/> No		V28. Road Surface Type <input checked="" type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Other - See Narrative	
---	--	---	--	---	--	--	--

V33. Towed? <input checked="" type="radio"/> Yes <input type="radio"/> No		V33a. Due to Disabling Damage? <input checked="" type="radio"/> Yes <input type="radio"/> No		V34. Authority: <input type="radio"/> Owner <input checked="" type="radio"/> Police <input type="radio"/> Other		V35. Towed By: PRESLEY'S TOWING	
---	--	--	--	---	--	---------------------------------	--

Commercial Vehicle			
C1. Carrier ID Number:		C2. Authority: <input type="radio"/> US DOT <input type="radio"/> State <input type="radio"/> Mexico <input type="radio"/> MC <input type="radio"/> Canada	
C3. Carrier Name			
C4. Carrier Address			
C5. City		C6. State	C7. Zip Code
C8. GVWR/GCWR		C9. Cargo Body Type	
<input type="radio"/> 10,000 lbs or less <input type="radio"/> 10,001 lbs to 26,000 lbs <input type="radio"/> Greater than 26,000 lbs		<input type="radio"/> Auto transporter <input type="radio"/> Cargo tank <input type="radio"/> Pole <input type="radio"/> Bus (seats 9-15 incl. driver) <input type="radio"/> Flatbed <input type="radio"/> Log <input type="radio"/> Bus (seats 16 or >, incl. driver) <input type="radio"/> Garbage/refuse <input type="radio"/> Dump <input type="radio"/> Vehicle Towing Motor Vehicle <input type="radio"/> Intermodal <input type="radio"/> Other <input type="radio"/> Van/enclosed box <input type="radio"/> Concrete Mixer <input type="radio"/> None <input type="radio"/> Grain/chips/gravel	
C10. Commodity Hauled		C11. Placard ID	
C12. HAZMAT Released <input type="radio"/> Yes <input type="radio"/> No		C13. Vehicle Designation	
		<input type="radio"/> Passenger Car (only if has HM Placard) <input type="radio"/> Truck/Trailer (Single-Unit Truck with Trailer) <input type="radio"/> Light Truck (only if has HM Placard) <input type="radio"/> Truck/Tractor (Bobtail) <input type="radio"/> Bus (seats 9-15 incl. driver) <input type="radio"/> Truck/Semi-Trailer (Trailer) <input type="radio"/> Bus (seats 16 or more, incl. driver) <input type="radio"/> Tractor/Double/triple trailers <input type="radio"/> Single-Unit Truck (2 axles, 8 tires) <input type="radio"/> Tractor/Triples (three trailers) <input type="radio"/> Single-Unit Truck (3 or more axles) <input type="radio"/> Other Heavy Truck (> 10,000 lbs)	
C14. Carrier Types		C15. Other Operations/Not Specified	
<input type="radio"/> Intrastate <input type="radio"/> Not in Commerce - Other Truck or Bus <input type="radio"/> Interstate <input type="radio"/> Not in Commerce - Government <input type="radio"/> Other Operations/Not Specified			

From: SRHS-FINANCIAL SERVICES

228 769 9903

08/11/18 13:57

#443 P.006/015

MUCR Person/Occupant		V0. Veh. # 02	P0. Person # 02	Agency Number 9030	Agency Case Number 080424160001	Page 05 of 06
--------------------------------	--	------------------	--------------------	-----------------------	------------------------------------	---------------

P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Train Engineer <input type="radio"/> Hit and Run Driver <input type="radio"/> LE	
P2. Driver License # P621000673730 P5 DOB (MM/DD/YYYY) 10 / 13 / 1967 P3. State FL P4. Driver's License Class Regular Operator <input checked="" type="radio"/> Regular Operator <input type="radio"/> Motorcycle <input type="radio"/> Class D (MS only) CDL Class A <input type="radio"/> B <input type="radio"/> C <input type="radio"/>	
P6. First Name ADOLFO P7. Address 450 NW 61ST AVENUE P9. City MIAMI P10. State FL P11. Zip Code 33126 P12. DL Status <input checked="" type="radio"/> Valid <input type="radio"/> Suspended - DUI <input type="radio"/> No License <input type="radio"/> Learner Permit <input type="radio"/> Expired <input type="radio"/> Improper DL <input type="radio"/> Suspended <input type="radio"/> Other	
P13. Cause <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P P14. Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle P17. EMS Agency Code P18. Medical Facility Code P19. Condition <input checked="" type="radio"/> No Defects Apparent <input type="radio"/> Obviously Intoxicated <input type="radio"/> Unknown <input type="radio"/> Hit and Run <input type="radio"/> Drinking - Not Impaired <input type="radio"/> Drinking - Impaired <input type="radio"/> Fell Asleep/Fainted/Fatigue <input type="radio"/> No Defects Apparent <input type="radio"/> Obviously Intoxicated <input type="radio"/> Unknown <input type="radio"/> Hit and Run <input type="radio"/> Drinking - Not Impaired <input type="radio"/> Drinking - Impaired <input type="radio"/> Fell Asleep/Fainted/Fatigue <input type="radio"/> No Defects Apparent <input type="radio"/> Obviously Intoxicated <input type="radio"/> Unknown <input type="radio"/> Hit and Run <input type="radio"/> Drinking - Not Impaired <input type="radio"/> Drinking - Impaired <input type="radio"/> Fell Asleep/Fainted/Fatigue	
P20. Contributing Circumstance (3) <input type="radio"/> No Apparent Improper Driving <input type="radio"/> Failed to Yield Right of Way <input type="radio"/> Following Too Closely <input type="radio"/> Speed Too Fast For Conditions <input type="radio"/> Driving Under The Influence <input type="radio"/> Animal on Roadway <input type="radio"/> Faulty Equipment <input type="radio"/> Exceeded Lawful Speed <input type="radio"/> Improper Passing/Overtaking <input type="radio"/> Made Improper Turn <input type="radio"/> Left of Center <input type="radio"/> Failure to keep proper lane/Run off road <input type="radio"/> Avoidance <input type="radio"/> Drove on Wrong Side of Road <input type="radio"/> Fatigued/Asleep <input type="radio"/> Illegally Crossing Median <input type="radio"/> Improper Lane Change <input type="radio"/> Lying and/or Illegally In roadway <input type="radio"/> Not Visible (Dark Clothing) <input type="radio"/> Operating Defective Equipment <input type="radio"/> Passed Stop Sign <input type="radio"/> Pedestrian Actions <input type="radio"/> Ran Red Light <input type="radio"/> Roadway Defects <input type="radio"/> Visibility Obstructed <input type="radio"/> Improper Backing <input type="radio"/> See Crash Description	
P21. Injury Type <input checked="" type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed P22. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally P23. Extricated <input checked="" type="radio"/> N <input type="radio"/> Y P24. Sex <input checked="" type="radio"/> M <input type="radio"/> F P25. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other P26. Position <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right P27. Deployed - Front <input checked="" type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both P28. Blood <input type="radio"/> Serum <input type="radio"/> Urine P29. Status <input type="radio"/> None given <input type="radio"/> Test given <input type="radio"/> Test refused <input type="radio"/> Test given, pending P30. Drug Test Information <input type="radio"/> None <input type="radio"/> Serum <input type="radio"/> Urine <input type="radio"/> None given <input type="radio"/> Test given, pending <input type="radio"/> Test refused <input type="radio"/> Test given P31. Cellular Phone in Use? <input type="radio"/> Y <input checked="" type="radio"/> N	

O0. Vehicle # 02 O1. First Name CARLOS O2. Address Same as Person # 142 W 10TH STREER APT 2 O3. City HIALEAH O4. State FL O5. Unborn Child <input type="checkbox"/>		O6. Position <input type="radio"/> Front-Driver <input type="radio"/> 3rd-middle <input type="radio"/> Front-Middle <input type="radio"/> 3rd-right <input checked="" type="radio"/> Front-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> 2nd-left <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> 2nd-middle <input type="radio"/> Unend. Pass./Cargo Area <input type="radio"/> 2nd-right <input type="radio"/> Riding on Exterior <input type="radio"/> 3rd-left <input type="radio"/> Towed Vhcl./Trailer O7. Safety Equip. (2) <input checked="" type="radio"/> Shoulder and Lap Belt <input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet	
O8. Sex <input checked="" type="radio"/> M <input type="radio"/> F O9. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input checked="" type="radio"/> Other O10. Age 38 O11. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally O12. Extricated <input type="radio"/> Not <input type="radio"/> Y O13. Status <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed O14. Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both		O15. Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle O16. EMS Agency Code O17. Medical Facility Code	

O0. Vehicle # O1. First Name O2. Address Same as Person # O3. City O4. State O5. Unborn Child <input type="checkbox"/>		O6. Position <input type="radio"/> Front-Driver <input type="radio"/> 3rd-middle <input type="radio"/> Front-Middle <input type="radio"/> 3rd-right <input type="radio"/> Front-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> 2nd-left <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> 2nd-middle <input type="radio"/> Unend. Pass./Cargo Area <input type="radio"/> 2nd-right <input type="radio"/> Riding on Exterior <input type="radio"/> 3rd-left <input type="radio"/> Towed Vhcl./Trailer O7. Safety Equip. (2) <input type="radio"/> Shoulder and Lap Belt <input type="radio"/> None <input type="radio"/> Lap Belt <input type="radio"/> Automated Restraint <input type="radio"/> Shoulder Belt <input type="radio"/> Child Safety Seat <input type="radio"/> Helmet	
O8. Sex <input type="radio"/> M <input type="radio"/> F O9. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other O10. Age O11. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally O12. Extricated <input type="radio"/> Not <input type="radio"/> Y O13. Status <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed O14. Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both		O15. Not Transported <input type="radio"/> Police <input type="radio"/> Hearse <input type="radio"/> EMS <input type="radio"/> Private Vehicle O16. EMS Agency Code O17. Medical Facility Code	

From: SRHS-FINANCIAL SERVICES

228 769 9903

08/16 J16 13:58

#443 P.007/015

MUCR Vehicle		V0. Vehicle	V1. Total Occupants	Agency Number	Agency Case Number	Page	of
		02	02	9030	080424160001	06	06

Vehicle Information				Owner Information			
V. VIN 1 F U J G L C K 3 8 L Y 7 2 3 3 5				V12. Owner Name D & D EXPRESS TRANSPORT CORPORATION			
V2. State FL				V13. Address 242 W 19TH ST			
V3. Year 2017				V14. City HILEAH			
V4. License Plate Number F1766U				V15. State FL			
V5. Make FREIGHTLIN				V16. Zip Code 33011-2581			
V6. Model Year 2008				V17. No Proof of Insurance <input type="checkbox"/>			
V7. Vehicle Model TRACTOR				V18. Insurance Company Name NATIONAL INDEMNITY			
V8. Vehicle Color 65				V19. Policy Number 74TRS062376			

V20. Sequence of Events <table border="0"> <tr> <td>Collision w/ Person, Vehicle/Non-fixed Object</td> <td>Non-Collision</td> </tr> <tr> <td> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100 </td> <td> <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100 </td> </tr> </table>		Collision w/ Person, Vehicle/Non-fixed Object	Non-Collision	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100	V21. Vehicle Action <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100		V22. Vehicle Type <input type="radio"/> Passenger Car <input type="radio"/> Pickup Truck <input type="radio"/> SUV <input type="radio"/> Van/Stationwagon <input type="radio"/> Pk/Veh Towing Trailer <input type="radio"/> Motorcycle <input type="radio"/> RV <input type="radio"/> ATV <input type="radio"/> Bus <input type="radio"/> Truck/Tractor/Trailer(s) <input type="radio"/> Farm Tractor <input type="radio"/> Farm Equipment <input type="radio"/> Emergency Vehicle <input type="radio"/> Other <input type="radio"/> Unknown Truck <input type="radio"/> Train <input type="radio"/> School (Public/Private) <input type="radio"/> Charter <input type="radio"/> Transit <input type="radio"/> Intercity <input type="radio"/> Other		V23. Initial Contact <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100		V24. Direction of Travel <input type="radio"/> Under <input type="radio"/> Overturn <input type="radio"/> None <input type="radio"/> Other		V25. Bureaucratic <input type="radio"/> None <input type="radio"/> Right only <input type="radio"/> Left Only <input type="radio"/> Both Sides <input type="radio"/> Separate <input type="radio"/> Signed	
Collision w/ Person, Vehicle/Non-fixed Object	Non-Collision														
<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 <input type="radio"/> 20 <input type="radio"/> 21 <input type="radio"/> 22 <input type="radio"/> 23 <input type="radio"/> 24 <input type="radio"/> 25 <input type="radio"/> 26 <input type="radio"/> 27 <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 31 <input type="radio"/> 32 <input type="radio"/> 33 <input type="radio"/> 34 <input type="radio"/> 35 <input type="radio"/> 36 <input type="radio"/> 37 <input type="radio"/> 38 <input type="radio"/> 39 <input type="radio"/> 40 <input type="radio"/> 41 <input type="radio"/> 42 <input type="radio"/> 43 <input type="radio"/> 44 <input type="radio"/> 45 <input type="radio"/> 46 <input type="radio"/> 47 <input type="radio"/> 48 <input type="radio"/> 49 <input type="radio"/> 50 <input type="radio"/> 51 <input type="radio"/> 52 <input type="radio"/> 53 <input type="radio"/> 54 <input type="radio"/> 55 <input type="radio"/> 56 <input type="radio"/> 57 <input type="radio"/> 58 <input type="radio"/> 59 <input type="radio"/> 60 <input type="radio"/> 61 <input type="radio"/> 62 <input type="radio"/> 63 <input type="radio"/> 64 <input type="radio"/> 65 <input type="radio"/> 66 <input type="radio"/> 67 <input type="radio"/> 68 <input type="radio"/> 69 <input type="radio"/> 70 <input type="radio"/> 71 <input type="radio"/> 72 <input type="radio"/> 73 <input type="radio"/> 74 <input type="radio"/> 75 <input type="radio"/> 76 <input type="radio"/> 77 <input type="radio"/> 78 <input type="radio"/> 79 <input type="radio"/> 80 <input type="radio"/> 81 <input type="radio"/> 82 <input type="radio"/> 83 <input type="radio"/> 84 <input type="radio"/> 85 <input type="radio"/> 86 <input type="radio"/> 87 <input type="radio"/> 88 <input type="radio"/> 89 <input type="radio"/> 90 <input type="radio"/> 91 <input type="radio"/> 92 <input type="radio"/> 93 <input type="radio"/> 94 <input type="radio"/> 95 <input type="radio"/> 96 <input type="radio"/> 97 <input type="radio"/> 98 <input type="radio"/> 99 <input type="radio"/> 100														

V26. Road Character <input type="radio"/> Straight/Level <input type="radio"/> Intersect two roads <input type="radio"/> Straight/Grade <input type="radio"/> Curve/Level <input type="radio"/> Straight/Hillcrest <input type="radio"/> Curve/Grade <input type="radio"/> Bridge <input type="radio"/> Private Drive <input type="radio"/> Curve/Hillcrest <input type="radio"/> Crossover <input type="radio"/> Begin/End Divided Road <input type="radio"/> One-Way		V27. Device Functioning? <input type="radio"/> Yes <input type="radio"/> No		V28. Road Surface Type <input type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Other - See Narrative	
--	--	---	--	--	--

V29. Road Design <input type="radio"/> 2 Lane <input type="radio"/> 3 Lane <input type="radio"/> 4+ Lane <input type="radio"/> Parking Lot <input type="radio"/> 1 Lane <input type="radio"/> Unpaved		V30. Divided? <input type="radio"/> Yes <input type="radio"/> No		V31. Center Turn Lane? <input type="radio"/> Yes <input type="radio"/> No	
---	--	--	--	---	--

V32. Hazard Placard/Cargo? <input type="radio"/> Yes <input type="radio"/> No		V33. Towed? <input type="radio"/> Yes <input type="radio"/> No		V33a. Due to Disabling Damage? <input type="radio"/> Yes <input type="radio"/> No		V34. Authority: <input type="radio"/> Owner <input checked="" type="radio"/> Police <input type="radio"/> Other		V35. Towed By: ALL AMERICAN TOWING	
---	--	--	--	---	--	--	--	---------------------------------------	--

Commercial Vehicle			
C1. Carrier ID Number: 8 2 0 7 7 9 C		C2. Authority: <input checked="" type="radio"/> US DOT <input type="radio"/> State <input type="radio"/> Mexico <input type="radio"/> MC <input type="radio"/> Canada	
C3. Carrier Name D & D EXPRESS TRANSPORT CORPORATION			
C4. Carrier Address 242 W 19TH ST			
C5. City HILEAH		C7. Zip Code 33011-2581	
C8. GVWR/GVMR <input type="radio"/> 10,000 lbs or less <input type="radio"/> 10,001 lbs to 26,000 lbs <input checked="" type="radio"/> Greater than 26,000 lbs		C9. Cargo Bulk Type <input type="radio"/> Auto transporter <input type="radio"/> Bus (seats 9-15 incl. driver) <input type="radio"/> Bus (seats 16 or >, incl. driver) <input type="radio"/> Vehicle Towing Motor Vehicle <input checked="" type="radio"/> Van/enclosed box <input type="radio"/> Grain/chips/gravel <input type="radio"/> Cargo tank <input type="radio"/> Flatbed <input type="radio"/> Garbage/refuse <input type="radio"/> Intermodal <input type="radio"/> Concrete Mixer <input type="radio"/> Pole <input type="radio"/> Log <input type="radio"/> Dump <input type="radio"/> Other <input type="radio"/> None	
C10. Commodity Hauled PRODUCE			
C11. Placard ID <input type="text"/>		C12. HAZMAT Released <input type="radio"/> Yes <input type="radio"/> No	
C13. Vehicle Configuration <input type="radio"/> Passenger Car (only if has HM Placard) <input type="radio"/> Light Truck (only if has HM Placard) <input type="radio"/> Bus (seats 9-15 incl. driver) <input type="radio"/> Bus (seats 16 or more, incl. driver) <input type="radio"/> Single Unit Truck (2 axles, 6 tires) <input type="radio"/> Single Unit Truck (3 or more axles) <input type="radio"/> Truck/Trailer(s) (Single Unit Truck with Trailer(s)) <input type="radio"/> Truck/Tractor (Bobtail) <input checked="" type="radio"/> Truck/Semi-Trailer (no trailer) <input type="radio"/> Tractor/Double(s) (two trailers) <input type="radio"/> Tractor/Triples (three trailers) <input type="radio"/> Other Heavy Truck (> 10,000 lbs)			
C14. Carrier Types <input type="radio"/> Intrastate <input checked="" type="radio"/> Interstate <input type="radio"/> Not In Commerce - Other Truck or Bus <input type="radio"/> Not In Commerce - Government <input type="radio"/> Other Operations/Not Specified			